

- LICENSE REINSTATEMENT LETTER -

EIN:
License: REINSTATEMENT

Mailing Date:
Amount Due: \$ 212

Invoice ID: Reinstatement

Amount Enclosed: _____

Send Payments To: Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Agency Name
Address
City/State/Zip Code

Date: 10/21/2005

EIN:
License: REINSTATEMENT

Expiration Date:
Reinstatement Charge: \$ 212

Re: LICENSE REINSTATEMENT

Dear Representative of LICENSEE:

This is a duplicate of your insurance license renewal application. If you wish to reinstate your license, complete both sides of the application and return the completed application and payment or completed credit card authorization.

Your license is inactive.

Your reinstated license will be issued and mailed to your current business mailing address no later than 30 days after the receipt of your completed reinstatement application and fees.

Sincerely,

Lisa Lowe
Utah Insurance Department
(801) 538-3857

Agency Name
Address
City/State/Zip Code

This renewal form must be completed, signed and returned with the appropriate renewal fee not later than the expiration date shown. If received past the license expiration date, a late fee must be included.

Since last disclosure on your organization license application form or on your previous organization license renewal or reinstatement form, has your organization:

1. Or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? YES ☐ NO ☐

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

2. Or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? YES ☐ NO ☐

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the notice of hearing or other documents that state the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Please indicate on the lines provided below if you have had a change of address or telephone number.

<u>Business (physical) Address</u>	<u>Mailing Address</u>
_____.Address line 1....	_____
_____.Address line 2....	_____
_____.City/State/Zip Code....	_____
_____.Phone number....	_____
_____.E-mail address	_____

Please complete both sides of this application. Incomplete applications cannot be renewed/reinstated and will be returned to the licensee.

I certify that all information I have supplied on the renewal/reinstatement application is complete, true and correct to the best of my knowledge.

Signed: _____ Date: _____

For license renewal status, please go to our website at www.insurance.utah.gov and click on How do I search for a company or agent.